In the Click or tap here to enter text. Court for Click or tap here to enter text. County, State of Click or tap here to enter text.

)

)

In re: Click or tap here to enter text. ) Case No: Click or tap here to enter text.

Petitioner )

)

vs. ) Division: Click or tap here to enter text.

)

Click or tap here to enter text. )

Respondent )

**FINANCIAL AFFIDAVIT (SHORT FORM)**

STATE OF Click or tap here to enter text.

COUNTY OF Click or tap here to enter text.

BEFORE ME, this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who being duly sworn, deposes and says that the following information is true and correct according to his/her best knowledge and belief.

EMPLOYMENT AND INCOME

OCCUPATION: Click or tap here to enter text.

EMPLOYED BY: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

SOC. SEC. NO. Click or tap here to enter text.

DATE OF BIRTH: Click or tap here to enter text.

PAY PERIOD: Click or tap here to enter text.

RATE OF PAY: Click or tap here to enter text.

If you are employed but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.

Click or tap here to enter text.

|  |  |
| --- | --- |
| Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary |  |
| expenses required to produce income.) | $0.00 |
| Disability benefits | $0.00 |
| Workers’ compensation | $0.00 |
| Unemployment compensation | $0.00 |
| Pension, retirement or annuity payments | $0.00 |
| Social Security benefits | $0.00 |
| Spousal support received from previous marriage | $0.00 |
| Interest and dividends  Rental income (gross receipts minus ordinary any | $0.00 |
| necessary expenses required to produce income) | $0.00 |
| Income from royalties, trusts or estates  Reimbursed expenses and in kind payments to the | $0.00 |
| extent that they reduce personal living expenses  Gains derived from dealing in property (not | $0.00 |
| including non-recurring gains) | $0.00 |
| Itemize any other income of a recurring nature | $0.00 |
| TOTAL MONTHLY INCOME  LESS MONTHLY DEDUCTIONS  Federal, state and local income taxes (corrected for | $0 |
| filing status and actual number of withholding allowances) | $0.00 |
| FICA or self-employment tax (annualized) | $0.00 |
| Mandatory union dues | $0.00 |
| Mandatory retirement | $0.00 |
| Health insurance payments  Court-ordered support payments for |  |
| the children actually paid | $0.00 |
| TOTAL DEDUCTIONS | $0 |
| TOTAL NET INCOME | $0 |
|  |  |

AVERAGE MONTHLY EXPENSES HOUSEHOLD:

|  |  |
| --- | --- |
| Mortgage or rent payments | $0.00 |
| Property taxes | $0.00 |
| Insurance | $0.00 |
| Electricity | $0.00 |
| Waste, garbage and sewer | $0.00 |
| Telephone | $0.00 |
| Fuel | $0.00 |
| Barber/beauty parlor | $0.00 |
| Cosmetics/toiletries | $0.00 |
| Holiday gifts | $0.00 |
| Other expenses: Text | $0.00 |
| TOTAL MONTHLY PAYMENTS TO CREDITORS | $0.00 |
| TOTAL MONTHLY EXPENSES | $0 |

ASSETS (Ownership: If marital, put one-half of the total value under petitioner, and one-half under respondent no matter whose name the item is in.)

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | VALUE | PETITIONER | RESPONDENT |
| Cash on hand | $0 | $0.00 | $0.00 |
| Cash in banks | $0 | $0.00 | $0.00 |
| Stocks/bonds | $0 | $0.00 | $0.00 |
| Notes | $0 | $10 | $10 |
| Real estate: | $0 | $0 | $0 |
| Estate home | $0 | $0.00 | $0.00 |
| Automobiles: | $0 | $0 | $0 |

Other personal property:

|  |  |  |  |
| --- | --- | --- | --- |
| Contents of home: | $0 | $0 | $0.00 |
| Jewelry: | $0 | $0.00 | $0.00 |
| Life Insurance: | $0 | $0.00 | $0.00 |
| Other assets: | $0 | $0.00 | $0.00 |
| TOTAL ASSETS  LIABILITIES | $0 | $0 | $0 |
| Creditor Security | Balance | Husband | Wife |
| $0 $0 $0 | |  |  |

TOTAL LIABILITIES $0

STATE OF Click or tap here to enter text.

COUNTY OF Click or tap here to enter text.

Sworn to (or affirmed) and subscribed before me on July 22, 2016 year. by Click or tap here to enter text..

Witness my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Notary

Affiant: \_\_\_\_\_\_\_Known \_\_\_\_\_\_Produced ID

Type of ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN

THE BLANKS BELOW. [FILL IN ALL BLANKS]

I\_\_\_\_\_\_\_name of nonLawyer\_\_\_\_\_, a nonlawyer, located at

\_\_\_\_street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_state\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_phoneSig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,helped(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is the (petitioner) (respondent), fill out this form.